

NATIONAL Assessment Centre Services

MAA 19007941

Date In: 17/01/2019 14:20	Job description	Date & Time Completed	Done by
Ref No: NBA/2019001015/Y	SAS e-filing		
Veh No: SGK 8058R	E-mail (to John Sims, AIC 2hrs)		
D.O.A: 16/01/2019 19:53	I-Motor Claim Form	17/01/2019 15:34	
OID: TP - Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: PROHIBITORY INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%]

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Assigns

NA1900482	Invoice Itemization	Amount	Add/Bill
Client's Particulars:	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$30)	
Contact No:	3) TP: Towing Fee	\$40/\$45	
Damaged Portion:	4) FT: Follow-Through Survey	\$120	
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey)	\$30	
Auditors' Comments:	Enrolment against INC Only (ref 10 Jan 2005)		
Ref. 1:	6) TR: Re-inspection	\$75	
	7) NI: Idao DA + SMRT Survey	\$160	
	8) NTUC Additional Services:		
	OD:		
	*NS: Courtesy Car / Tpl Allowance	\$5	
	*N6: Repair Co-ordination	\$30	
	*N7: Post Repair Inspection	\$25	
	*N8: DV / Collect Excess Coordination	\$5	
	TP (Nil): TP (N-in INC) against INC	\$20	
	9) N12: Idao Mobile	\$0	
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	17/01/2019 14:20
Date Of Accident	16/01/2019 19:55
Exact Location Of Accident	CHANGI ROAD JUST BESIDE LORONG 107 CHANGI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGK8058R
Insured/Policyholder	
Name Of Registered Owner	HARISH PRANLAL RUPAWALA
NRIC No	S1704224F
Email Address	HPR1965@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98210051
Alternative Phone No	OFFICE-98210051

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	DRIVING GRAB
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5098283174
Cover Note Number	

Driver

Name of Driver	HARISH PRANLAL RUPAWALA
NRIC No	S1704224F
Date Of Birth	14/11/1965
Occupation	OUTDOOR
Date Of Driving Pass	14/05/1988
Driving Experience	30 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98210051
Fax Number	
Contact Number	OFFICE-98210051
Email Address	HPR1965@GMAIL.COM

Address	BLK 102 LENGKONG TIGA #03-393
Postcode	410102
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLIDED INTO PEDESTRIAN
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : ADEN FIRDAUS JAM'AN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KAMPONG KEMBANGAN NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 112 LENGKONG TIGA #01-215 , POSTCODE: 410112 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7489999 - FAX NO: 67454676
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20191162/2156 (VIDEO GIVEN BY OUTSIDER WHO CAR PARKED AT THE ROAD SIDE PARKING LOT)

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

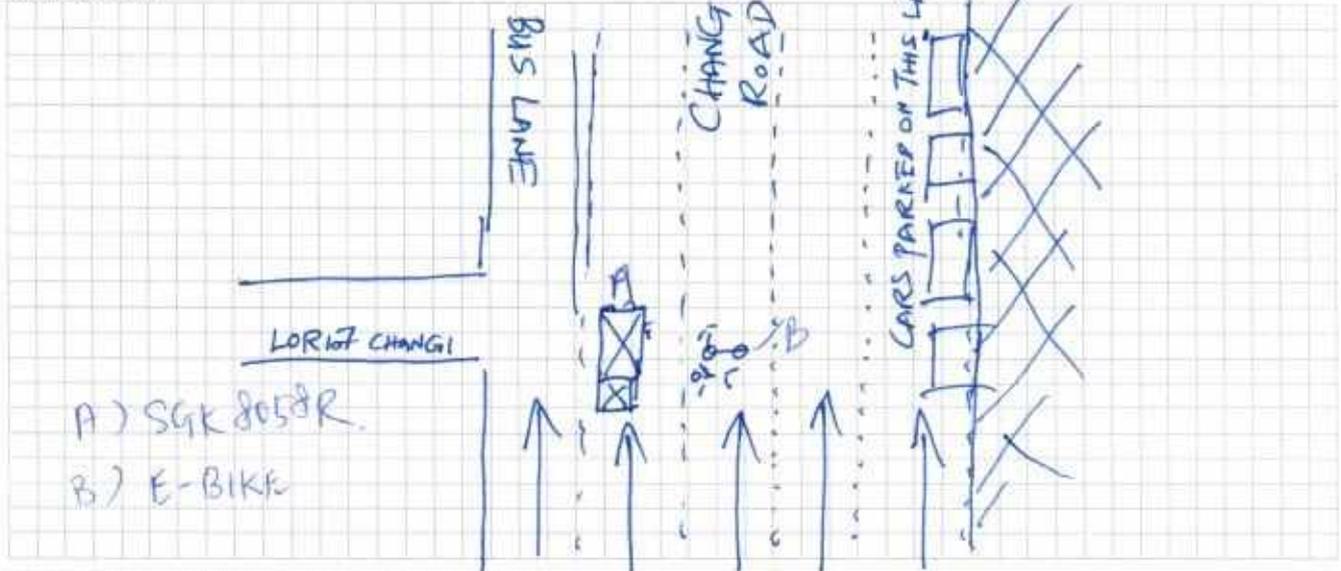


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LANE 1 LANE 2 LANE 3 LANE 4 LANE 5

ALL REFER TO POLICE REPORT
7/20190116/2156

DECLARATION

I/We declare the foregoing particulars are true in every respect.

[Signature]

Policyholder's Signature
Date & Time:

[Signature]

Driver's Signature
(If driver is not the policyholder)
Date & Time:

17/01/2019
[Signature]
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20190116/2156

1 of 3

Report No. T/20190116/2156

Police Station Of Origin:
Kampong Kembangan NPP
112 Lengkong Tiga #01-215 SINGAPORE
410112
Tel No: 1800-7489999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/01/2019 22:05	Vide Report No.: G/20190116/0153	Station Diary No.: 38
--	-------------------------------------	--------------------------

Informant's Particulars			
Name of Informant: HARISH PRANLAL RUPAWALA		Address: APT BLK 102 LENGKONG TIGA #03-393 SINGAPORE 410102	
ID Type / ID No.: NRIC NO / S1704224F		Contact No.: Home/Office:	Mobile: 98210051
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 53	Date of Birth: 14/11/1965	Type of Informant: Driver
Race: Indian		Language:	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 16/01/2019 20:00	Type of Location: Straight Road
Location: Along Road 1 CHANGI ROAD				
Just beside Lorong 107 Changi Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Pedestrian			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGK8058R	Car	TOYOTA	COROLLA ALTIS 1.6 CVT	White	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGK8058R	NTUC Income Insurance Co-Operative Limited	5098283174	26/02/2018	25/02/2019



Police Station Of Origin:
Kampong Kembangan NPP
112 Lengkong Tiga #01-215 SINGAPORE
410112
Tel No: 1800-7489999

Report No. T/20190116/2156

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	HARISH PRANLAL RUPAWALA	ID No.	S1704224F
Related Vehicle	SGK8058R (Car)	Contact No.	98210051
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 16/01/2019 at about 2000hrs I was travelling on my vehicle bearing, (SGK8058R) along changi road. I had a passenger at the passenger seat at that point of time. I was on the second lane of the five lane road. As I was travelling suddenly I felt a loud bang at the front right side of my vehicle. I then immediately stopped my vehicle. I then used some force to open my driver door and noticed that a male adult was lying on the road with an E-bike lying next to him. I assume that the male adult had rode the E-bike across the road without looking out for any vehicles and subsequently hit onto the front right side of my vehicle. The male adult was unconscious. I then immediately called for the police.

Shortly the ambulance arrived. After the paramedics conducted some treatment on the male adult the paramedics then decided to convey him. Traffic police also arrived at the scene. I then informed the traffic police of the incident. I then took pictures of the accident. I was not able to take the particulars of the E-biker as he was conveyed. The traffic police then advised me to lodge a traffic accident report. I have an in car camera installed in my vehicle. However I am not sure if the accident has been captured in it. I have already given the SD card of my in car camera to the traffic police.

I also came across a passerby who WhatsApp me a video of the accident which was captured from his rear in-car camera. I was also informed by the traffic police to WhatsApp the video to them. Both me and my passenger are not injured due to the accident. My vehicle sustained damages at the front right side due to the accident.



Police Station Of Origin:
Kampong Kembangan NPP
112 Lengkok Tiga #01-215 SINGAPORE
410112
Tel No: 1800-7489999

Report No. T/20190116/2156

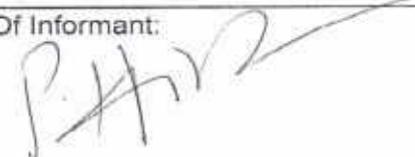
CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: G / Sgt 2 SARVESHVERAN S/O JAGATHESAN 
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / SI YEO CHUN JIAN Contact No.: 65476213

Signature Of Informant: 
Date/Time: 16/01/2019 22:05
Classification Of Case:

Authentication Stamp NP158 
--

Claim Handling

Accident HT/1028273

Policy No.	5098283174	Vehicle No.	SGK8058R	GST Registration No.	
Certificate No.					
Policyholder Name	HARISH PRANJAL RUPAWALA	Product Code	PRIVATE CAR INSURANCE	Policyholder NRIC	S1704224F
Contact No.(Mobile)	98210051	Cover Type	drive PREMIUM	Loading	0
Email Address		Contact No.(Office)		Contact No.(Home)	
KPK	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Special Remark		eCode	No
NCD Protection	No	TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode Reason	
		NCD Entitlement(%)	50	Private Hire	Yes

Accident Details

Report Date	17/01/2019 15:11	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Pedestrian
Date of Accident	16/01/2019	Time of Accident hh:mm	19:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CHANGI ROAD JUST BESIDE LOBONG 107 CHANGI				

Excess

Own Damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	1,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 102 #03-393	Address 2	LENGKONG TIGA	Address 3	SINGAPORE 410102
Address 4		Address Type	Singapore address	Post Code	410102
Unit No.		Related Policy Number	5098283174		

OT Driver Info

Driver Name	HARISH PRANJAL RUPAWALA	Driver Type	Main Driver	Driver DOB	14/11/1969
Unnamed driver Name		Driver NRIC	S1704224F	Driving Experience	10
Register Date of Driver License	14/05/1988	Driver Age	53	Contact No.(Home)	
Contact No.(Mobile)	98210051	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 102 #03-393	Address 2	LENGKONG TIGA	Address 3	SINGAPORE 410102
Address 4		Address Type	Singapore address	Post Code	410102
Unit No.					
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.	SGK8058R	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
-------------------------------------	------	-------------	---

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	HARISH PRANJAL RUPAWALA	Insured NRIC	S1704	
Contact No.(Mobile)	97776187	Contact No.(Home)	NIL	Contact No.(Office)		
Email Address		Vehicle Number	SGK8058R	Vehicle Number		
Claim Description	SGK8058R / - ON 16 Jan 2019				Name of Preferred Workshop	
Preferred Workshop Finalisation	Yes	Insured Liability	Not at Fault	GIA report	Received	
Date Registered		Report Option	Preferred Workshop, Name unknown	Claim Close Date	17/01/2019 15:32	
Report Taken By	ROSLI WAHAB				Date Received	17/01

Print & K letter

Save Submit

Attachment

Accident No.	HT/1028273	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	17/01/2019 15:34
Path *		Category *	
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read		Clear	Please Select

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Hi
NAC_BUKIT_MERAH_800676/ NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH) on 17 Jan 2019 15:34		Photos	Normal	Photos 2019-1-17	



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jan 2019 15:34	Photos	Normal	Photos 2019-1-17
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jan 2019 15:34	Photos	Normal	Photos 2019-1-17
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jan 2019 15:34	Photos	Normal	Photos 2019-1-17
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jan 2019 15:32	Photos	Normal	Photos 2019-1-17
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jan 2019 15:32	Photos	Normal	Photos 2019-1-17
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jan 2019 15:32	Photos	Normal	Photos 2019-1-17
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jan 2019 15:32	Photos	Normal	Photos 2019-1-17
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jan 2019 15:32	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-17
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jan 2019 15:32	SAS	Normal	SAS 2019-1-17

Video List

Uploaded By/Date	Folder Date	File Name	Source
------------------	-------------	-----------	--------

Display in New Window Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: 16/01/2019 (DD/MM/YYYY), TIME: 19:55 (HH:MM)

LOCATION: CHANGI ROAD (ADJACENT TO LOR 107 CHANGI)

1. DETAILS OF VEHICLE
 - a) VEHICLE NUMBER: SGK 8058R
 - b) INSURANCE COMPANY: NTAC INCOME
 - c) POLICY NUMBER: 5098283174
 - d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 - e) MAKE & MODEL: TOYOTA / COROLLA ALTIS
 - f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 - g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 - h) PURPOSE OF USING AT ACCIDENT TIME: GRAB
 - i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

Adrian Firdaus
Pass (M)

2. INSURED / POLICY HOLDER
 - a) NAME: HARISH PRANLAL RUPAWALA (MALE / FEMALE)
 - b) NRIC/FIN/PASSPORT: S1704224F CONTACT: 98210051
 - c) ADDRESS: 102 LENGKONG TIGA #03-393

* No of passengers
(including driver)
(02)

- * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
- DRIVER
 - a) NAME: AS ABUWAH (MALE / FEMALE)
 - b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 - c) ADDRESS: _____

- * d) DATE OF BIRTH: 14/11/1965 (DD/MM/YYYY)
- e) OCCUPATION: (INDOOR / OUTDOOR)
- f) DATE OF DRIVING PASS 14/05/1988

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____
5. a) WEATHER CONDITION: (CLEAR) RAINING / OTHERS NIGHT
b) ROAD SURFACE: (DRY) WET / OTHERS _____
6. WAS ANYBODY INJURED (YES / NO)
7. a) REPORTED TO POLICE (YES / NO)
IF YES, PLEASE STATE WHICH POLICE STATION: KEMPOUNG KEMBANGAN NPP

* No of passenger
(including driver)
()

8. THIRD PARTY VEHICLE
 - a) VEHICLE NUMBER: _____ MODEL: _____
 - b) DRIVER'S NAME: _____
 - c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
(including driver)
()

9. THIRD PARTY VEHICLE
 - d) VEHICLE NUMBER: _____ MODEL: _____
 - e) DRIVER'S NAME: _____
 - f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

PEDESTRIAN
ON E-BIKE

email = hpr1965@gmail.com
VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1704224F



Name
HARISH PRANLAL RUPAWALA

Race
INDIAN

Date of Birth
14-11-1965

Country of Birth
SINGAPORE

Sex
M

S1704224F



REPUBLIC OF SINGAPORE DRIVING LICENCE

License No. S1704224F

Name
HARISH PRANLAL RUPAWALA

Birth Date
14 Nov 1965

Issue Date
29 Apr 2003

1000459577K




0342882



NRIC No. S1704224F



Blood Group
A+

Date of Issue
12-05-1992

APT. BLK 102 LENGKONG TIGA #03-393
SINGAPORE 410102
NRIC No: S1704224F Date: 07/03/2011 (R) No: 6752021

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

CLASS DATE
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms 14 May 1968

License No: S1704224F

